



CITY OF LAKE FOREST

800 North Field Drive, Lake Forest, Illinois 60045
p: (847) 810-3533 | e: hr@cityoflakeforest.com

www.citylf.org

2025 Benefits Open Enrollment – Retirees Over 65 Benistar Medicare Supplement and/or Dental Coverage

Section A: Retiree Information

Name: _____

Address: _____

Phone (primary): _____ (type) _____

Phone (secondary): _____ (type) _____

Personal E-Mail Address: (primary): _____

Personal E-Mail Address: (secondary): _____

Section B: Enrollment Agreement

I acknowledge that the information included represents my enrollment choices. I understand that by signing this form I am authorizing the contributions for the coverage(s) selected. I further understand that my elections cannot be changed until a future open enrollment period.

Signature: _____

Date: _____

Section C: Benistar Medicare Supplement

For those who elect Benistar Medicare supplemental coverage, there is nothing to complete as there are no changes to Benistar this year. Please review the 2025 Insurance Premiums below for the annual rate increases. There is no change to Medicare Part D – Rx, as part of a 3-year renewal that began in 2024.

2025 Benistar Medicare Supplement Premiums:

Age	Monthly	Annual
65-69	\$158.36	\$1,900.32
70-74	\$182.05	\$2,184.60
75-79	\$211.93	\$2,543.16
80-84	\$239.39	\$2,872.68
85 & over	\$251.82	\$3,021.84

Medicare Part D – Rx:

Age	Monthly	Annual
Not Age Based	\$257.81	\$3,093.72

2024 Benistar Medicare Supplement Premiums:

Age	Monthly	Annual
65-69	\$141.39	\$1696.68
70-74	\$162.55	\$1950.60
75-79	\$189.22	\$2270.64
80-84	\$213.74	\$2564.88
85 & over	\$224.84	\$2698.08

Medicare Part D – Rx:

Age	Monthly	Annual
Not Age Based	\$257.81	\$3,093.72

Section D: Dental Insurance – Delta Dental

Check the box indicating your elections for each benefit, including any waivers of benefits.

Delta Dental
<input type="checkbox"/> Employee Only
<input type="checkbox"/> Employee + Spouse
<input type="checkbox"/> Employee + Children
<input type="checkbox"/> Family
<input type="checkbox"/> Waive Dental Coverage

Delta Dental	Monthly	Annual
Employee Only	\$56.67	\$680.04
Employee + Spouse	\$124.68	\$1,496.16
Employee + Children	\$107.67	\$1,292.04
Family	\$220.95	\$2,651.40

PBA Dental 2024	Monthly	Annual
Employee Only	\$58.08	\$676.67
Family	\$180.46	\$2,102.38

Section E: Vision Insurance – VSP

Check the box indicating your elections for each benefit, including any waivers of benefits. Vision is now a separate election from Medical.

VSP
<input type="checkbox"/> Employee Only
<input type="checkbox"/> Employee + Spouse
<input type="checkbox"/> Employee + Children
<input type="checkbox"/> Family
<input type="checkbox"/> Waive Vision Coverage

Coverage Tier	Monthly	Annual
Employee Only	\$9.18	\$110.16
Employee + Spouse	\$18.35	\$220.20
Employee + Children	\$19.63	\$235.56
Family	\$31.35	\$376.20